The Trustees of Queen Alexandra Cottage Homes

Queen Alexandra Cottage Homes

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook this unannounced inspection to Queen Alexandra Cottage Homes on 3, 5 and 6 April 2018. At our previous inspection in November 2015 we rated the service good. However, we found people's records did not always reflect the care and support they needed. We asked the provider to make improvements in relation to this. At this inspection we found improvements were still required to ensure people's records reflected their care and support needs.

Queen Alexandra Cottage Homes is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Queen Alexandra Cottage Homes accommodates up to 28 older people in one adapted building. At the time of the inspection there were 24 people living there. People were living with a range of complex health care needs which included diabetes and Parkinson's disease. Queen Alexandra Cottage Homes is a nursing home run by a charity. Accommodation was provided over two floors with two passengers lifts that provide level access to all parts of the home. The home was part of a complex, which includes independent living flats and bungalows, however these are not regulated or inspected by CQC.

There was a registered manager at the service, who was known as Matron. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were needed to ensure people's care plans reflected the care and support they needed. Although staff knew people really well the lack of detailed care plans for some people meant they were at risk of inconsistent care. The registered manager was well thought of by people, visitors and staff. She was supportive to staff and had a high profile in the service. However, improvements were needed to ensure the culture was positive between staff and the provider. These issues had been identified and action was being taken to address them.

Quality assurance systems were in place. These identified where improvements were needed across the service. Actions plans were in place to demonstrate what was needed to address the shortfalls.

People were protected from the risks of harm, abuse or discrimination because appropriate safeguarding procedures were in place. Staff knew what steps to take to ensure people were protected from the risks They were aware of their individual responsibilities in relation to reporting concerns.

There were enough staff, who had been safely recruited, to meet people's needs. Staffing levels were reviewed regularly. There were systems in place to ensure medicines were ordered, stored administered and disposed of safely. Individual and environmental risk assessments were in place. Staff had a good

understanding of people's needs and the risks associated with supporting them. They knew what action to take keep people safe.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Staff had received the training they needed to support people and deliver care in a way that responded to people's changing needs. They received regular supervision and appraisal.

People were provided with a choice of food and drink throughout the day and were supported to maintain their nutritional and hydration needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

People's privacy and dignity were respected. Staff knew people well. They had a good understanding of them as individuals, their needs and their choices. People were and treated with kindness, understanding and patience. Staff cared about the people they looked after and supported them to make their own decisions and choices.

Staff knew people really well and people received care that was person centred and met their individual needs. People were able to take part in a variety of activities each day. They told us they were never bored and had enough to do each day. Activities were meaningful and reflected people's interests and hobbies.

There was a genuine commitment by all staff to ensure people received excellent care and support during their final days. This was supported through the Gold Standard Framework.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and met their individual needs. Staff had a good understanding of providing person-centred care. Where required people were able to receive good end of life care.

There was a range of activities taking place and people told us they had enough to do throughout the day.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were needed to ensure people's care plans reflected the care
and support they needed.

The registered manager was supportive to staff and had a high profile in the service. However, improvements were needed to ensure the culture was positive across the whole service.

Quality assurance systems identified where improvements were needed across the service.

Queen Alexandra Cottage Homes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3, 5 and 6 April 2018 and the first day of the inspection was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we looked at their care documentation in depth and obtained views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, five visitors, a visiting healthcare professional and fourteen staff members, this included the registered manager and provider. Following the inspection we contacted four health and social care professionals who visit the service to ask for their feedback.

We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff received regular safeguarding training. They described different types of abuse and what action they would take if they believed people were at risk of abuse. People told us they felt safe at the home. They said they could raise concerns with staff or the registered manager at any time. One person told us, "They (the staff) are very pleasant, I only mention a difficulty and they sort it out." Another person said, "They are all approachable if I have any worries. They fix anything."

Policies were in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. When safeguarding concerns were raised the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff to ensure lessons were learned and improvements made. Staff told us about an incident that had occurred and related to a person's health need. One staff member told us, "Although it was awful at the time we have learnt a lot." They told us about changes that had taken place to prevent a reoccurrence and how learning had been implemented to improve care for people with similar health needs.

Risks to people were well managed. Staff knew people well and had a good understanding of the risks associated with each person. Risk assessments were specific to people's individual needs and included, pressure damage, mobility and falls. These described the risks and actions needed to reduce the risk. For example, there was guidance about how to support people to move safely which included the use of equipment and support from staff. Where people may display behaviour that challenged there was guidance in place about what may trigger a behaviour and actions to take to prevent and de-escalate.

Accidents and incidents were recorded and monitored to identify any trends. The registered manager explained that if any additional actions were required to reduce risks and improve safety, for example with falls, this was shared with staff.

Environmental risk assessments and checks were in place to ensure the home was safe for people. These included water temperature and legionella checks, gas, electrical appliance testing, regular checks and maintenance of moving and handling equipment, and the lift. A five year electrical servicing check had been booked at the time of the inspection.

The registered manager had identified that when people and staff left the lounge there was a risk of colliding with others in the communal corridor. Reminders to take care were displayed on the wall and a reflective dome had been installed on the corridor ceiling. This meant there was a view of what was happening in the corridor before people left the room.

A fire risk assessment had been completed and regular fire alarm checks had been recorded. Staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Equipment was also

available to aid evacuation if required. There was an emergency plan that informed staff what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Before the inspection, concerns had been raised that there were not enough staff working each night. At the inspection, we found there were enough staff to support people safely. People told us there were enough staff to look after them. One person said, "There's loads of them (staff) we can ask for anything." There was a call bell system in use, which people used to contact staff if they needed support. One person said, "When I ring the bell, they come very quickly." This was what we observed during the inspection. When staff attended to people they pressed a button on the call system which recorded they were attending to someone. This information could be analysed to demonstrate how long staff spent with people and how long it took for call bells to be answered.

The rota and discussions with staff demonstrated that there were regular staffing numbers at the home. There were two nurses on duty during the day and one at night. There were six care staff during the day and three at night. Staff were supported by the registered manager and ancillary staff. This included a housekeeping team, activity co-ordinators, laundry staff, a chef and kitchen staff who worked at the home every day. Dependency assessments were reviewed each month. The registered manager used these and discussions with staff to determine if staffing levels were sufficient. Where necessary staffing numbers were increased.

People were protected, as far as possible, by a safe recruitment practice. Each member of staff had references and Disclosure and Barring Service checks (DBS) these checks identify if staff are safe to work in care. Nursing and Midwifery Council (NMC) registration information had been recorded and there were regular checks to ensure nurses had maintained their registration with the NMC which allowed them to work as a nurse. These checks took place before staff commenced work.

There was a safe medicine system in place. The registered nurses were responsible for ordering, administering and recording of medicines. Medicine administration records (MAR) charts showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Medicines were given to people individually and the MAR signed after the medicine had been taken. The MAR were completed and demonstrated people had received their medicines as prescribed. Where people were prescribed 'as required' (PRN) medicines, there were protocols for their use. People took these medicines only if they needed them, for example, if they were experiencing pain. Medicines were stored and disposed of safely. Some people had been prescribed medicines that needed to be taken at specific times. Staff had worked with people to determine at what times they would like to take their medicines and systems were in place to ensure they received them when they wanted them. Most people had chosen for staff to manage their medicines. One person liked to take their medicines themselves. There was a risk assessment to demonstrate this was safe to do. This helped the person to retain their independence safely.

People were cared for in a clean, hygienic environment. They told us the home was always clean and tidy. One person said, "It's bright and clean here." During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that the home and its equipment were clean and well maintained. There was an infection control policy and other related policies in place. Protective Personal Equipment (PPE) such as aprons and gloves were available. Hand sanitisers and hand-washing facilities were available throughout the home. We observed staff used PPE appropriately during our inspection. The laundry had appropriate systems and equipment to clean soiled washing, and hazardous waste was stored securely and disposed of correctly.

Good

Is the service effective?

Our findings

People told us staff understood their needs and supported them appropriately. One person said, "They (staff) look after me, they are good fun. They are wonderful and they know my mood." Another told us, "Everyone is so friendly and kind, they look after my diabetes."

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received training that was regularly updated. They told us they could ask for further training and support at any time. Training included safeguarding, food hygiene, health and safety, moving and handling and equality and diversity. Staff also received training specific to the needs of people at the home. This included dementia, diabetes and catheter care.

Registered nurses received appropriate clinical training to ensure they could meet people's needs safely and effectively. They told us people would not be admitted into the home unless all their needs could be met. They told us about ongoing diabetes training they received and how this had increased their knowledge and confidence about the condition. They said they were able to use their knowledge to improve the care people received.

Staff received regular supervision and annual appraisal. This helped staff identify areas where they needed more support and areas they would like to develop further. Staff told us they could talk to the registered manager at any time and discuss concerns. If concerns had been raised in relation to staff practice then regular supervision was undertaken to identify areas where the staff member needed to improve and support was provided to help them achieve this.

Staff had a good understanding of equality and diversity. They were supported by training and policies. The registered manager and staff were told us how they would support people and were confident people's equality, diversity and human rights were protected.

People were supported to have enough to eat and drink. There was a varied menu and people could eat at their preferred times. They were offered alternative food choices depending on their preference and needs. People were offered choices at each meal and picture menus were available for those who required additional reminders. People spoke highly of the food and meal choices. One person said, "The food is wonderful and they give me a choice, I have a menu in my room." Another person told us they really enjoyed the food and added, "My appetite has come back since I have been here." People were able to eat their meals where they chose. Some ate at dining tables, other's had their meals on individual tables in the

lounge and some preferred to remain in their rooms. One person said, "If I don't go down to the dining room, they bring it (to the room)." A variety of hot and cold drinks and snacks were provided throughout the day. People were supported to enjoy a hot drink whenever they wished to.

Meals were freshly cooked each day. They were well presented and appeared appetising. Mealtimes were social occasions. People chose where to sit and spent time in friendship groups. Meals were served according to people's choices but if someone changed their mind then alternatives were provided. One person told us, "I'm a fuss-pot but they do get it right. There is plenty of choice." A visitor said, "The meals are excellent, they have proper tablecloths and flowers on the tables. They (people) can help themselves to vegetables from silver serving dishes. There is always a good choice." Where people required support, this was provided appropriately and they were supported to enjoy their meal at their own pace.

Nutritional assessments were completed and people's nutritional needs and preferences had been identified. Where people required specialist diets such us soft or diabetic these were provided. Some people had difficulty swallowing and required thickened fluids and these were provided appropriately. There was information about people's dietary requirements available for staff. This was displayed in various places in the kitchen area and meant all staff who were involved in providing food and drinks were able to see their requirements. People were weighed regularly to ensure they were not losing weight and at risk of malnutrition. If any concerns were identified referrals were made to the GP, dietician or speech and language therapist.

People were supported to live healthy lives and receive ongoing healthcare support. Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, which included, GP's, dieticians, speech and language therapist (SaLT) and chiropodist. This was demonstrated through discussions with people, staff and records seen. Throughout our inspection we observed staff discussing changes in people's health and a registered nurse contacted a GP to visit a person who was unwell. Staff supported people to attend healthcare appointments and ensure people received the healthcare support they needed. One nurse told us how they had supported a person at their diabetes review. As a result an individual protocol had been developed to help this person better manage their condition. A visiting healthcare professional told us they were contacted appropriately in response to changes in people's health needs. They said staff knew people really well and followed any treatment plans appropriately.

People's individual needs were met through the design of the premises. The home was an old building which had been adapted and improved over the years. There were two passenger lifts which allowed level access throughout the home and adapted bathrooms and toilets. There was signage in communal areas which helped to direct people around the home and increase their awareness of their environment. The registered manager had identified that two bedrooms on the first floor were not suitable for people who required the use of a mechanical hoist to assist with moving. Therefore overhead tracking hoists had been installed in these rooms which meant people who were living there would not have to move rooms if their needs changed. There was a well maintained garden which people told us they enjoyed during the warmer weather. This was secure and had level access. There were paved pathways, which made it accessible to people who required wheelchairs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most people had mental capacity and were able to make their own decisions and choices. Staff

had a good understanding of the MCA and the importance of enabling people to make decisions. They told us everybody was able to make day to day decisions. Where people made decisions that may be considered unwise healthcare professionals had been consulted and staff discussed concerns with each other. This helped to ensure the person remained safe and their choices were upheld.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. A DoLS application for one person had been submitted and there were no DoLS authorisations in place at the time of the inspection.

Good

Is the service caring?

Our findings

People were supported by staff who were pleasant and caring in their approach. People told us they liked the staff and enjoyed spending time with them finding them friendly and good company. People had developed positive relationships with staff that cared for them. We saw genuine affection between staff and people. We saw many positive interactions with smiles, laughter and friendly banter. One person said, "We are all on first name terms. We pull their legs in the kitchen." Another person told us, "The staff are lovely, very helpful and there is something going on every day." One person told us they looked upon staff as part of their family. They said, "We hear about their families, they sometimes bring the children in to see us, or their dogs."

Staff knew people well and had a good understanding of their individual needs, choices and preferences. They understood the importance of spending time with people. One staff member told us there was time for staff to spend talking with people. They said, "Just five minutes of quality conversation can make such a difference to someone." It was one person's birthday and staff supported the person to open their cards. They read the cards to the person after their lunch. Other people joined in the celebrations and commented on the cards. Staff then gathered in the dining room and sang 'happy birthday' to the person. Another person told us they had not wanted to move into the home and had found the experience upsetting. However, they told us with support from staff, their kindness and involvement they had settled in and were happy to live there.

People told us staff were approachable and always helpful. One person said, "Nothing is too much trouble, if I ask for anything, it is forthcoming." Another told us, "I only have to mention a difficulty and they sort it out. They (the staff) always say "is there anything you need." One person was asked what they would like for lunch and chose a sandwich. The staff member then asked, "Do you want an open or closed sandwich? And cut into triangles as usual?" Another person told us how kind the staff were and added, "You realise how precious they are." Staff were attentive to people's individual needs. We observed staff supporting people at a musical event. People were assisted to their seats and given appropriate support to be comfortable with cushions, and people who may wish to leave early were seated nearer to the exits.

Although people told us they were, "Waited on hand and foot" by the staff, they also said they were supported to retain their independence. One person told us how staff supported them during personal hygiene to do what they could for themselves. Another person said, "They (staff) help to keep me going, they encourage me to do things." One person had poor vision and staff told us how they ensured the person had the items they needed on a table, in a certain order. This meant the person remained independent and did not have to rely on staff, when for example they wanted a drink.

People's privacy and dignity was promoted. Activity staff had worked with people to develop a dignity tree. People were asked what dignity meant to them and their responses were written on a leaf and attached to the tree. Responses included; 'View me as an intelligent person,' 'See who I am' and 'I have a past.' We saw these responses were embedded into the way staff supported people. People chose how they spent each day, what time they got up and what they done. Staff supported these decisions. People's bedrooms were

personalised with their possessions such as personal photographs and mementos and items that were important to them. People shared some of their photographs with us during the inspection. This helped to make people's bedrooms appear individual and homely. When people received personal hygiene their bedroom doors were closed and signs were placed on the door to ensure staff or other people did not enter. We observed staff knocking at people's doors and gaining permission before they entered.

Peoples' equality and diversity was respected. They were supported to maintain their personal relationships. This was based on who was important to the person, their life history and their cultural background. People were supported to meet their spiritual needs and visits from ministers of individual faiths were encouraged. There were regular visits to the home from a local visiting church team.

Visitors told us they were able to visit their relative whenever they wished. One visitor said, "I can come and visit at any time." We saw staff talking with visitors, making them feel welcome and, for example, offering them a cup of tea. Another visitor told us their relative was very happy at Queen Alexandra Cottage Homes and looked upon it as their home. The visitor told us they stayed in the guest room at the home when they visited. This made their relative happy as she felt she was hosting him as a visitor in her home.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated requires improvement. This was because people's records did not always reflect the care and support they needed. At this inspection we found people received care and support that was responsive to their needs and the rating had improved to Good. However, improvements were still required in relation to people's records. This is discussed in the Well-led question.

People told us they were listened to and staff responded to their needs and concerns. People told us they could do what they like during the day. They said they had enough to do during the day and were, "never bored." Through our observations, discussions with people, visitors and staff it was clear people were involved in deciding their care and support needs.

Before people moved into the home or following a period of time in hospital a nurse completed an assessment to ensure the person's needs could be met at the home. Information from the assessments was then used to develop the care plan. During the inspection one person had spent time in hospital and the nurse visited to complete an assessment. The plan was for the person return to the home that day. However, further treatment was required in hospital therefore the person returned the following day. Care plans included information about each person, their care and support needs, personal history, likes and dislikes and interests. These had been completed with people and where appropriate their relatives. Care plans were reviewed each month by the person's named nurse and key worker. Each person had a named nurse and a key worker. A key worker is a person who co-ordinates aspects of a person's care. They had responsibilities for working with people to develop a relationship to help and support them in their day to day lives. One key worker told us, "I talk to (name) about their care and I ask if there are any changes they would like. Then I record it."

Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. This helped to ensure people received responsive, person-centred care and support. During the inspection we saw people received the support they needed in relation to their needs and choices. This included regular position changes for people who were at risk of pressure damage and support to maintain appropriate continence. Information about how to support people's pressure risks was documented in their bedroom folders. This included when their position should be changed. Where pressure relieving mattresses were in place there was information about the setting and these were seen to be correct. The registered manager had identified how one person became distressed when left alone for periods of time. There was a plan in place which meant this person was supported by staff and in the company of staff and other people throughout the day. This had provided comfort to the person who was now less distressed. A visitor told us their relative's quality of life had much improved since living at the home.

People were supported to remain to remain active and involved. There was a busy activity programme which people told us they enjoyed. They said they had enough to do during the day. The activity programme was on display so people knew what was happening. Staff also reminded people and encouraged them to join in. One person said, "Most afternoons, there are things on, we go downstairs and do flower arranging and crafts." People had created an Easter egg tree with individually decorated eggs. This was on display in

the lounge. A visitor told us their relative enjoyed the activities such as seated exercises, playing cards and dominoes. During the inspection we observed people enjoying small group activities and one person was completing a jigsaw puzzle. There were photographs which showed people taking part in a range of activities throughout the year. Some people chose to spend time in their own rooms and do what they enjoyed such as watching television, reading and art work. One person said, "I like to see the world going past my window."

The registered manager and the manager from the independent living service had recognised the importance of involving people from both parts of the service. Therefore people were supported to join in with activities at the independent living service. People who lived at the independent living service were also able to join in activities at the home. One person told us, "There is lots going on here but it's not my bag really. I do the quiz, but I hate sing-a-longs. I can join in with the people that live in the bungalows, they are more like me." During the inspection there was a musical event at the independent living service. People from both services attended and were seen to be enjoying themselves.

There were five activity staff employed by the service. This meant there were enough staff to take people out. This was done on a rota basis to ensure everybody had an opportunity. Some people were living with complex health needs and the nurses supported them to go out. One staff member said, "We can't let people miss out just because of their health needs." Staff also made opportunities for people to enjoy their time away from the home, for example at healthcare appointments. One nurse told us, "When (name) has a hospital appointment our first visit is to the coffee shop."

When needed people were supported to stay at Queen Alexandra Cottage Homes and receive end of life care. Staff enabled them to maintain a comfortable, dignified and pain free death. The registered manager had recognised an opportunity to improve people's end of life care and had committed to the Gold Standard Framework (GSF) for end of life care. GSF is an evidence based approach to providing the best care for people approaching the end of life. It provides excellent training to all those providing end of life care to ensure better lives for people and recognised standards of care. Staff at all levels received training to ensure they were aware of how to support people in their final days. The registered manager explained, "We want the housekeeper to know it's alright to sit and hold someone's hand when they go into the room, if that's what the person wants." A member of care staff said, "We know how to care for people, this (GSF) helps us to look after their relatives as well."

Staff were aware of any changes to people's health and comfort. Appropriate support and treatment was sought in a timely way when needed. People's pain medication was regularly reviewed to ensure each person was comfortable. As part of the GSF all staff were involved in reviews of people. This included nurses, care staff, kitchen staff and housekeepers. All staff told us they were able to contribute to discussions about people and changes in their health condition.

Death was not hidden at the home. In the event of someone's death the registered manager ensured their life was celebrated and they were not forgotten. Remembrance services were held at Queen Alexandra Cottage Homes and people were supported to grieve the loss of their friends. A remembrance board had been developed, with photographs of people who had recently passed away. The registered manager told us she had been unsure whether people would like this. However, she had observed people and staff looking at the photographs and reminiscing about them.

End of life care plans were in place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not discuss this. Staff were aware of people's spiritual and cultural needs

at the time of their death and these were respected with sensitivity and care. Staff received support from the local hospice team, both through the GSF and to ensure people received the most appropriate and current care.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training the provider ensured peoples' communication needs had been assessed and met. Staff told us how they supported people with their communication. This included making sure people were wearing their glasses or hearing aids. One person had difficulty in communicating verbally. They had picture cards to use which had emotion faces and also pictures of daily items that they were able to use to inform staff of their needs and wishes. Staff told us how they communicated with the person. They told us this included knowing the person and allowing them time to express themselves. Staff gave us examples of how they had identified this person's needs through various forms of non-verbal communication. One staff member said, "We give (name) time, we always get there in the end. We would never leave until we knew what they wanted. "A visiting healthcare professional commented that staff communication with this person was very good.

People were regularly asked for their feedback, through feedback surveys, meetings and day to day conversations. Surveys were completed when people had lived at the home for two weeks to identify any concerns or questions. There were regular meetings and 'tea with matron' which was very popular. This gave people an opportunity to spend time with the registered manager in a relaxed atmosphere and talk about any concerns. Feedback surveys were analysed and action plans developed to address any identified areas for improvement. Specific concerns were responded to directly with the person concerned. There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People and visitors told us they did not have any complaints or concerns but if they did they would raise them with staff or the registered manager. Comments included, "I would go to Matron, she would deal with any concerns," and "I know who to go to if I am not happy. They treat me very well."

Requires Improvement

Is the service well-led?

Our findings

Before the inspection we had concerns raised with us about the senior management of the service. We had been told concerns about staff performance were not taken seriously. We were also told there had been a breakdown in communication and trust with senior management. At the inspection we found concerns about staff performance were taken seriously and issues raised were addressed. We found where appropriate referrals had been made to appropriate external organisations including safeguarding and professional bodies. Investigations had been completed and recommendations from external organisations were followed and implemented. However, we did find that there had been a breakdown in the relationship with the provider and some staff.

The registered manager and provider were well aware of the difficulties. They told us about the steps that had been taken and were continuing to be taken to re-develop and improve the relationship. This had been attempted through meetings and supervision. The provider told us there was an open door policy and staff could talk with him at any time. However, he recognised that further work and engagement was needed. Therefore a meeting with the nurses, registered manager and provider had been arranged. This was to give everybody an opportunity to discuss their concerns openly and honestly and identify a way to move forward. The provider and registered manager told us these issues had been time consuming and had impacted on some of the work to improve and develop the home. For example, the registered manager explained that she was aware the care plans needed to be improved and this had been identified through the audit system. However, the focus had been on addressing these issues which meant work to improve care plans had not been addressed in a timely way.

People's care plans did not always demonstrate the care and support they needed. For example, one person received specific support in relation to their communication. Staff told us, and we observed this during the inspection. This information had not been recorded. Another person had specific support in relation to their diet, including food and drink, and the position they liked to eat and drink in. We asked four staff about this person's support and they all described the same support. This had not been recorded to ensure consistency and provide guidance for new staff. When people's needs changed this was recorded when the care plans were reviewed. However, the care plan was not always updated or changed to show the person's current needs and plan of care. This meant information was not quickly accessible or easy to identify. Staff needed to read the care plans and reviews to determine what support people needed. This is the second time we have identified people's care plans do not always reflect their care and support needs. We also found some other records had not been fully completed. Recruitment records did not always contain full employment history. The registered manager told us this was discussed at the interview stage but not recorded. This as an area that needs to be improved. This had also been identified in the care plan audits.

Staff told us they were updated about people's care and support needs at handover and throughout the day. Staff were provided with a written document that highlighted people's care and support needs for the day. It also informed staff what area of the home they would be working on during the shift.

Despite these concerns we found other aspects of Queen Alexandra Cottage Homes were well-led. People

spoke highly of the registered manager and staff. One person said, "I only have to mention a difficulty and they sort it out. They (the staff) always say, "Is there anything you need."
A visitor told us, "I can't speak highly enough of the place." People told us that the registered manager was very accessible to them. They told me that they only had to say that they would, "Like to speak with Matron" and staff would get her to pop in to see them. One person said, "I wouldn't want to be anywhere else." Another told us, "I am very lucky to be here."

Staff also spoke highly of the registered manager. They told us they were supported by her and could discuss any concerns they may have. Staff told us they had confidence the registered manager would always do the, "Right thing." Staff said there was a good staff team and they also felt supported by their colleagues.

The registered manager had an overview of the staff and the care and support needs of people. She was committed to providing and improving the quality of care and services. She was supported by a deputy manager and administrator. The registered manager worked at the home most days and was visible within the service. She spent time talking with people and staff to ensure she was aware what was happening at the home. There were arrangements that provided on call managers to provide advice and guidance to staff every day and night if required. Staff told us they were able to contact senior staff whenever they needed to.

There was a daily management meeting each morning. This included the deputy, catering, housekeeping and maintenance managers. The provider and manager from the independent living service also attended. This provided a quick overview of what was happening, helped ensure all departments were aware of what was happening at the home and any changes in people's needs from either service.

The registered manager engaged with local stakeholders and attended local forums to ensure she was up to date with changes in legislation and best practice. For example, they attended the forums held by the local Hospice enabling learning and discussion around best practice.

The provider and registered manager were committed to improving and developing the service. Both for people who lived at the home and staff who worked there. The registered manager had recently engaged with Brighton University to enable the home to support student nursing placements. As a result training had been offered to a nurse to enable them to support future student nurses.

Policies and procedures were established and reviewed and reflected current legislation. Staff had access to these and the registered manager used them to establish the standards of care to be maintained. There were a number of quality systems were in place and these included a variety of audits. These included medicine audits, health and safety audits and infection control audits. Where shortfalls had been identified there were action plans in place to address these issues.

There were regular staff meetings and used these inform staff about changes at the home, inform them of planned improvements and to remind them of their roles and responsibilities. These meetings allowed for discussion and communication. Staff told us they were able to bring new ideas and suggestions.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.